

North Carolina Education Lottery Retailer Accessibility Checklist

Representative Name: Retailer ID: Retailer Name:		Insp	ection Date:	_ Route ID:	
		me:		_	
Street Ad	ldress:				
City:		ZIP:	Phone:		
<u>Instructi</u>					
0	All blanks must be fille all measurements in inch	ed nes only, unless o	therwise specified.		
	e comments to support and it pictures with checklist				
<u>Parking</u>					
• Is the s	store located in a stand alone bu	ilding or a strip mall	?	Yes	No
• Is self	parking provided or designated	through stripes, curb	guards, etc?	Yes	No
 Are pa 	rking spaces provided solely on	a city street or high	vay?	Yes	No
• Has the	e retailer made efforts to provid	e accessible parking?	•	Yes	No
• How many accessible spaces are provided?					
0	If only one (1), is it a (circle	selection):			
	Van Accessible Space o	r Standard Access	ible Space		
	96" Parking Space	96" Parking Spa	ice		
	96" Access Aisle	60" Access Aisl	e		
	192" Total	156" Total			
O	r None of the Above - Provide	Measurements of Ex	isting Space		
					Space
					Aisle/Route
					Total
0	If more than one (1), is there	a minimum of one (1) van accessible space?	Yes	No
Have d	designated spaces been striped?			Yes	No

•	If yes, for which type of space (check where appropriate)?			
	 Van Accessible Space with: 			
	96" for space; 96" for access aisle/route = 192" Total			
	 Standard Accessible Space with: 			
	96" for space; 60" for access aisle/route = 156" Total			
•	Has proper signage designated the accessible parking space?	Yes	No	
	 International symbol with fine and statutory reference. 			
	 Van accessible space must have additional van accessible sign posted bene 	ath standard sign	•	
•	Is signage posted 84" above ground?	Yes	No	
	o If no, provide measurement from ground to bottom of standard sign:			
•	Are accessible spaces located closest to the accessible entrance or accessible route?	Yes	No	
Ex	xterior Path of Travel			
•	Provide the width of the sidewalk or accessible route to the door:			
•	Are curb cuts necessary for access?	Yes	No	
	o Has it been installed?	Yes	No	
	o Provide the width of the curb cut:			
	o Provide the height of the curb:			
	o If curb cuts are installed, provide the length of the curb cut:			
	o Is the curb cut built on a slope of 1:12?	Yes	No	
•	Is a ramp necessary for access?	Yes	No	
	o Has it been installed?	Yes	No	
	o Provide the width of the ramp:			
	o Provide the height of the curb or change in level:			
	o Provide the length of the ramp:			
	o Is the ramp built on a slope of 1:12?	Yes	No	
•	Is there a clear path of travel from the:			
	o Curb cut or ramp to the door?	Yes	No	
	O Designated parking space(s) to the door?	Yes	No	
	o If no, provide a list of obstructions in the comments section.			
•	Does the accessible route cross a path of vehicular travel?	Yes	No	
	o If yes, is there a marked crosswalk to indicate the accessible path of travel?	Yes	No	
•	Are grates located in the accessible route?	Yes	No	
	o If yes, are the spaces less than or equal to ½" wide in one direction?	Yes	No	
	o If yes, does the long dimension of the opening run perpendicular to the main pa	ath of travel?	Yes	No
Eı	<u>intrance</u>			
•	Is the intended accessible entrance the main entrance?	Yes	No	
	o If no, is directional signage, including the International Symbol of Accessibility	y, posted to identi	fy the lo	cation o
	the accessible entrance?	Yes	No	

_	If a name is used what direction does the door open, (simple one)			
•	If a ramp is used, what direction does the door open: (circle one)			
	Outward Opening or Inward Opening			
	5'x 5' landing 4'x 4' landing			
•	Provide the door pressure measurement in pounds force (lbf) of the accessible door:			
•	Provide the height of the door hardware from the ground to the middle of the door hardware:			
•	Does the door hardware require twisting or gripping to open?	Yes	No	
	o Door handle on exterior side?	Yes	No	
	o Door handle on interior side?	Yes	No	
•	Provide the width of the accessible door from the face of the door to the opposite stop:			
•	Provide the height of rise of the threshold:			
•	Is the threshold beveled? o If yes, from which direction? (circle one) Outside	Yes Inside	No	Both
<u>In</u>	terior Path of Travel			
•	Is there a clear path of travel from the entrance to the sales counter?	Yes	No	
	o If no, list obstructions in Comments section.			
	o If no, is an alternate path provided	Yes	No	
•	Is the area immediately in front of the sales counter clear?	Yes	No	
	o If no, list obstructions in the comments section.			
	o Provide a measurement of the area in front of sales counter:	Length:		
		Width:		
Sa	<u>lles Counter</u>			
•	Provide height of the counter top:			
	o If counter top is higher than 36", does the retailer provide alternative means of service?	Yes	No	
	 Please list alternative means of service in the Comments section 			
•	Provide a measurement of the sales counter surface area:			
		Width:		

This checklist will be used as a guideline to identify architectural barriers at the Retailer's business. Compliance with the Americans with Disabilities Act (ADA) is a contractual obligation of the Retailer's North Carolina Education Lottery (NCEL) Certificate of Authority as attested to by a signed self-certification form submitted with the original NCEL application. If it is determined that all or some of the identified barriers exist, the NCEL will notify the principal/officer of the business within thirty (30) days and the Retailer will be required to remove existing barriers as is "readily achievable." The Retailer's NCEL Certificate of Authority may be in jeopardy if such existing barriers are not removed.

the reason/purpose of this checklist and the requirements for compliance. Signature of Store Clerk, Manager, Owner: Please Print Name (as signed above): Signature of Lottery Representative: **Comments** List comments supporting answers. Information you provide will assist in reviewing the checklist and determining this retailer location's ADA compliance status.

The following individual has been notified by the undersigned NCEL Representative regarding